

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER		
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

BEST AVAILABLE COPY

INDEX OF CLAIMS

Claim	Date
Final	
Original	8/1
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Claim	Date
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100	8/1

SYMBOLS

- ✓ Rejected
- Allowed
- (Through numeral) Canceled
- Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

(LEFT INSIDE)